

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

July 19, 2017 10:00 am to 3:00 pm

Polk County River Place, Room 1

2309 Euclid Avenue, Des Moines, IA 50310

MEETING MINUTES

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Brenda Lechner
Kenneth Briggs Jr.	Josh McRoberts
Jim Chesnik (phone)	Todd Noack
Jim Cornick	Tammy Nyden
Jim Donoghue	Harry Olmstead
George Estle	Carole Police
Julie Kalambokidis (phone)	Donna Richard-Langer
Kathleen Goines	Brad Richardson
Kris Graves	Jim Rixner
Earl Kelly	Lee Ann Russo
Anna Killpack	Dennis Sharp
Sharon Lambert (phone)	Jennifer Vitko (phone)
Todd Lange (phone)	Kimberly Wilson

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Michael Kaufmann
Gary Keller
LeAnn Moskowitz
DJ Swope
Michele Tilotta
Tracy White

OTHER ATTENDEES:

Judy Davis	NAMI Iowa/Office of Consumer Affairs
Christie Gerken	Iowa Advocates for Mental Health Recovery
Julie Maas	DHS, MHDS, Community Services & Planning
Flora Schmidt	Iowa Behavioral Health Association
Richard Shults	Division Administrator, MHDS, DHS

Chair Teresa Bomhoff called the meeting to order at 10:00 a.m. and led introductions. Quorum was established with twenty members present and five participating by phone. Harry Olmstead made a motion to approve the May meeting minutes as presented. Anna Killpack seconded the motion. The motion passed unanimously.

Monitoring and Oversight Committee

Jim Rixner said the committee had a telephone call on June 5th with MHDS staff. The purpose of the meeting was to give DHS a list of questions they could respond to and the committee could present to the full Planning Council. Jim said the committee would like to use MHDS's responses as a vehicle for future discussions. Donna Richard-Langer said the committee asked DHS about children's mental health redesign specifically crisis services and education, jail diversion and the training for law enforcement, peer support effort, respite care and warm lines, managed care issues, and how the state is addressing individuals with complex needs. Donna said that MHDS answered most of the committee's questions but they will be asking some follow up questions.

Nominations Committee

Teresa Bomhoff said the Planning Council is required by their bylaws to have three committees: the executive committee, monitoring and oversight committee, and nominations committee. Teresa said that there is an opening on the nominations committee since Amber Lewis left the Planning Council. Teresa opened it up to the Planning Council for nominations. Josh McRoberts, Harry Olmstead, and Carole Police were nominated. The nominees introduced themselves to the Planning Council. The Planning Council voted and Harry Olmstead was appointed to the nominations committee.

Children's Committee

Tammy said that the committee's focus for the next year is going to be forming a coalition on children's mental health and sending out invitations in the next month to organizations who may be interested in participating.

Tammy said the ACLU is now involved in the Iowa discussion on restraints and seclusion rooms in schools. Tammy noted that ACLU has written a request for Iowa Code to be changed.

Tammy said the committee will be looking at Iowa's most recent Every Student Succeeds Act (ESSA) document and she will distribute it to anyone who wants to read it.

Tammy said she is teaching a course at Grinnell College on policy and outreach with a focus on healthcare policy. Tammy said the students will partner with non-profit agencies and learn how to use data to tell stories.

State and Federal Legislation

Teresa said the legislators are considering a special session in October to discuss healthcare. Teresa encouraged the Planning Council to review the two public comment letters that were sent by a former Planning Council member. Teresa said that Planning

Council members can sign up for notifications on public meetings on the Iowa Administrative Rules Review Committee webpage.

There was discussion on the history of rate reimbursement to community mental health centers.

There was discussion on federal healthcare bills and potential changes for Iowans.

DHS Response to Inquiry on Cuts to Programs

Brad Richardson said that the Planning Council sent a letter to DHS regarding funding cuts and the process used to make those decisions. Brad said he views the DHS response as an opportunity to invite the author of the letter to a future Planning Council meeting and discuss their role in the mental health system. Teresa Bomhoff said that the Planning Council will address the letter with Rick Shults and the Iowa Department of Public Health during the afternoon session.

Jim Cornick expressed concern about funding cuts to the Autism program and recommended responding to DHS's letter with another letter detailing the Planning Council's role in the mental health and disability system. Tammy Nyden expressed concern about violating Iowa Code with defunding programs and asked what role the Planning Council plays in ensuring Iowa Code is followed. Teresa Bomhoff said there isn't a lot of time for the Planning Council and the public to respond to decisions made by the executive branch.

There was a discussion on the history of the state's administration of mental health services in Iowa.

Wisconsin Peer Respite Advocates - Todd Noack

Todd Noack introduced Valerie Neff the assistant director and acting director of the Iris House which is a peer run respite house in Wisconsin. Valerie said it was a long process to get funding for a peer run respite house and their model is based off a model from New York. The group that advocated for the peer run respite house presented evidence based data to the leadership of their public health department. The public health department then advocated to legislators for legislation to provide funding for their program. Valerie stated that she would put together a brief document laying out their process and send it to Todd who will send it to the Planning Council. Teresa Bomhoff said that they can then set up another presentation to review the additional information.

Disability Rights Jail Report – Whitney Driscoll

Whitney Driscoll introduced herself and thanked the Planning Council for inviting her to present her jail report. Whitney said that she will be going over the report which is called In Jail and Out of Options that was released in December 2016. Whitney said the report's purpose is to look at how county jails in Iowa are addressing individuals who are presenting with mental illness. Whitney said the report also looks at how de-

institutionalization in Iowa has impacted the county jails and how many people are presenting at county jails that were previously living in facilities. Whitney said that she was hired at Disability Rights Iowa (DRI) to look into this issue because DRI was receiving numerous letters from inmates and family members concerned about the lack of treatment for individuals with mental illness in county jails. Whitney presented the report to the Planning Council.

Harry Olmstead asked if there is data on how long people are in solitary confinement as a result of individuals not receiving their medication. Whitney said that some jails have a safety cell but it's not meant to be a long term solution. Whitney said that county jails aren't designed to house anyone long term and sometimes their best intervention is solitary confinement. Whitney said that to her knowledge the state and the jails are not collecting that data.

Jim Rixner said they have tried to find out how many people in county jails have a serious mental illness and did not find evidence that the majority of people in jails have a serious mental illness. Jim expressed concern that stating anyone in jail who is experiencing anxiety or depression about their arrest has a serious mental illness is not an accurate representation of the number of people in jail who have a diagnosed serious mental illness. Jim said that for legislators to understand what will help individuals with the most serious needs it's important to be precise when describing the target population.

Sharon Lambert asked if DRI can do anything about individuals in solitary confinement. Sharon commented that solitary confinement is traumatizing for individuals, particularly individuals with serious mental illness. Whitney said DRI is a law firm which means they are bound by the law. Whitney said that there aren't any laws in Iowa that prescribe the time frame an inmate can remain in solitary confinement and each county jail has their own policies regarding solitary confinement. This would need to be a state policy change and DRI is prevented from lobbying. Whitney said every two years DRI sets their priorities and they are currently looking at the abuse and neglect of inmates in county jails particularly inmates on mental health medications. Teresa Bomhoff stated that the national prison system is looking at removing solitary confinement and at least limiting the time a person can stay in solitary confinement and Iowa's prison system is taking that into account for Iowa's prison system.

Tammy Nyden asked if there is data on isolation in the prison system. Whitney said the Department of Corrections keeps a lot of data and it may not be formalized in a report but it may be possible to get from them. Tammy asked if the raw data behind the report is available to the public. Whitney said the report is based on information she gathered and she did not publish the raw data. Whitney stated that the data in the report is current as of December 2016.

There was discussion on the different mental health trainings available to the public and to law enforcement.

There was discussion on the daily cost of individuals in county jails.

Todd Noack said there was a situation where he received a call from the deputy sheriff's office regarding an individual needing to be hospitalized and when the individual arrived at the hospital they were sent home. Todd expressed concern about lack of communication within the system leading to dangerous situations for individuals and their families.

Kris Graves said that she had an experience with law enforcement where the police officers received Crisis Intervention Team (CIT) training and it was a positive experience and the training works.

Public Comment

Judy Davis commented the jail report has generated a lot of questions and concerns. Judy said that there is an individual in jail waiting for a bed to become available at Oakdale after the courts ordered him there due to his crime. Judy expressed concern about who was administering medications in county jails and if they had the proper training. Judy advocated for the use of peer support specialists in the county jail system.

The Planning Council broke for lunch at 12:10pm and resumed at 1:00pm.

MHDS Report – Rick Shults

Rick Shults discussed Senate File 504 which charged the Department of Human Services to convene a work group to make recommendations to the Governor and General Assembly relating to the service delivery of, access to, and coordination of mental health, disability, and substance use disorder services and supports for individuals with complex needs. This includes individuals with co-occurring mental health and substance use disorder, co-occurring mental illness and intellectual disability, and individuals that due to their illness or disability have aggressive behavior that makes it difficult for our current system to meet their needs.

Rick said the work group will be modeled after previous work groups with a core group of people contributing to the work but all meetings will be open to the public. Rick said that this work group will continue the work started in a 2014 report submitted to the General Assembly by a work group focused on community integration for individuals with serious mental illness. Rick asked the Planning Council members to send success stories and what made the situation a success to Julie Maas, who is staffing the work group. Rick said that Director Palmer started this process last year when he met with several groups of people on the topic and for continuity some of those same people will be asked to participate in the work group; however, to keep the size of the work group manageable not everyone Director Palmer met with will be asked to participate in the new work group. Senate File 504 is not only a response to concerns legislators heard from their constituents, but is also reflective of the MHDS progress report which identified this as an area Iowa needs to work on.

Rick said the MHDS Regions are also directed by SF 504 to form local work groups to develop processes, policies, and practices for the same group of people as the statewide work group. Rick said that the regional work groups will be comprised of representatives from hospitals, law enforcement agencies, managed care organizations (MCOs), mental health providers, crisis service providers, substance use disorder providers, NAMI and others. Rick said he would like to see these efforts intertwine so approaches developed at a local level are supported by the conclusions at the state level and we are coming together on a unified approach. Each of the MHDS Regions have to submit a report to DHS by October 16, 2017 which includes planning and implementation time frames, assessment tools to determine if they are achieving objectives, and financial strategies. These will be combined into the report due to the Governor and General Assembly on December 15, 2017.

Rick said the Department is responsible for developing outcomes the regions will use to evaluate the effectiveness of their plans. An initial working draft of the outcomes was presented to the regions for discussion. The regions are reviewing the draft and DHS is having a dialogue with them to make sure the information they are being asked to gather is realistic.

Teresa Bomhoff asked if the intent of this process is to shift responsibility from the state to the MHDS Regions. Rick said both the state and the regions have responsibilities in the process. Rick said services are administered at the local level and if the local level comes up with processes to serve individuals with complex needs the state needs to support them with policy. Rick noted that as a companion effort to the work groups the MHDS Regions are directed to work with the MCOs and develop memorandums of understanding (MOUs) which will outline how they will work together to more be more effective in serving Iowans.

There was a discussion on the role of mental health institutes in the mental health service system.

Teresa Bomhoff said this process is needed but expressed concern about hospitals and community providers not being able to provide services to individuals with complex needs due to the financial cost.

Sharon Lambert asked if it is possible for Medicaid to require hospitals to have rooms available for individuals with high needs like aggressive behavior. Rick said that Medicaid can't require it but encouraged the Planning Council to present the option to hospitals as success stories. Rick said the psychiatric emergency room model being used in Rock Island is being shared and discussed across the state.

Anna Killpack commented that many inpatient hospital beds are being used by individuals with complex needs since there aren't other options like subacute. Anna expressed concern about Medicaid not paying for an entire hospital stay for individuals with high needs once acute care is no longer medically necessary but they don't have

anywhere to go so the hospitals keep them. Anna said that if Medicaid doesn't pay for the entire hospital stay it discourages hospitals from readmitting individuals when the individuals present back to them and they weren't fully reimbursed for their original stay.

Anna asked if there are people with lived experience on the SF504 work group. Rick said there will be individuals with lived experience on the work group and the membership hasn't been finalized. Rick said that all meetings will be open to the public and will have time for public comment. Anna asked what has happened since the 2014 report. Rick said the state is not as far as it would like to be but is close to getting crisis services in the Medicaid system. Anna asked if the work group will be discussing children. Rick said the work group discussions will include children and a request for proposal was released for children's collaboratives.

There was discussion on the importance of using the right terminology when mental health, disability, or substance use disorder crisis situations occur.

Carole Police asked about the status of subacute beds in Iowa. Rick said the state has received one application and has heard that another agency plans to submit an application. Teresa Bomhoff expressed concern about the Medicaid subacute rates being enough to cover the cost of the service. Teresa asked if the state is going to rework the contracts with the MCOs to require them to pay higher rates if they get more money from the state. Rick said he can't speak on the negotiations that are taking place because he's not a part of them and revenue in the state of Iowa is going down which means more competition for limited resources.

Rick said the Children's Mental Health and Well-being Advisory Committee will continue and will be meeting again soon. Rick said that there was a community mental health center (CMHC) near Mason City that was having challenges and they will be closing effective July 31, 2017. Rick said that Prairie Ridge Integrated Behavioral Healthcare has been named the new CMHC for that area.

There was discussion on the MHDS Regions levies and SF504.

Jim Rixner said that he would like to discuss DHS's response to the Monitoring and Oversight Committee's questions regarding the children's mental health redesign specifically crisis services and education, jail diversion and the training for law enforcement, peer support effort, respite care and warm lines, managed care issues, and how we are addressing the individuals with complex needs. Jim said that overall the responses were helpful and answered their questions. Jim said they did not receive a response on how the state is addressing individuals with complex needs or managed care issues but Teresa Armstrong had told them that information would take a while to pull together. Todd Noack said the training requirements for peer support specialists listed in the response are higher than what is on the Iowa Licensing Board website. Jim said he would like to use the information given to set up another meeting with MHDS before they meet with SAMHSA in September.

Sharon Lambert asked what the state is going to do about medication prescriptions not being filled due to Medicaid refusing to pay for it. Rick said he would like to know specific situations where this occurred and asked Sharon to send him those situations.

Jim Cornick asked Rick Shults what Merea Bentreff's role is at DHS since DHS's response to the Planning Council's letter came from Merea. Rick said that she is a policy advisory to the Director and to other staff and she is the liaison to the legislature. Rick said that when MHDS receives a request for information, they work on the responses within the division and funnel them through Merea who makes sure they are comprehensive and accurate.

Jim asked if there is a bipartisan source that has information about DHS's budget from throughout the years to educate people about what is happening financially to DHS. Rick said that the most factual information regarding any agency's budget is from the legislative agency which says what was previously appropriated, what was requested, and what was passed by the Governor.

Todd Noack expressed concern about MHDS Regions not funding programs but reporting in their budgets that they have spent money on those programs. Rick said that the regional reports are posted online and that the MHDS Regions should be able to say where they have spent their funds.

IDPH Report – Kathy Stone and Brenda Dobson

Kathy Stone and Brenda Dobson from the Iowa Department of Public Health (IDPH) introduced themselves. Kathy said they understand the Planning Council has concerns about funding cuts to programs and the process that took place to make those decisions. Brenda said that the department has experienced a 14% reduction in funding from FY2017 to FY2018. Brenda said the reduction means they can't continue supporting all their programs especially since 90% of their funds goes to contracts with community partners across the state. The legislature did major cuts including a 2 million reduction from the medical residency program, 1 million reduction from the tobacco prevention and control program, and an additional 1.3 million unspecified cuts to be completed in collaboration with the department of management that align with the report previously submitted to the general assembly detailing the department's priorities. Brenda said the priorities report was written based on a level budget and did not factor in budget cuts so it did not help the decision making process. Brenda said IDPH was given transfer authority to move money between programs. Brenda said when they were deciding how to make cuts they wanted to protect programs that had already received funding cuts. Brenda said the unexpected passing of the medical marijuana bill that was unfunded also impacted their budget. Brenda said IDPH had to move money from existing programs to fund a program they are mandated to provide. Brenda said not all the cuts came from programs and five employees lost their jobs. Brenda said they were not allowed to discuss any cuts with the public or even with the departments that the cuts would affect until the department of management had approved the cuts.

Kathy said the cuts were not something that IDPH wanted but it is their job to implement the direction they are given by the legislators.

Jim Rixner asked why the contracts with community partners were protected from the budget cuts. Kathy stated that it is their normal practice to do as much as they can to protect contracts that impact direct care services to lowans but some cuts were made to substance use disorder programs. Jim asked why the autism program was completely defunded when it is a legislatively mandated program. Brenda said the Autism program wasn't the only program that was eliminated and they had to stay in line with their priorities which included nutrition and child obesity, heart disease, and infectious disease surveillance. Tammy Nyden expressed concern about funding cuts being made to programs that are mandated by Iowa Code. Brenda said that there are several examples of the reductions and program eliminations that were made to programs in Iowa Code. Jim Rixner said that programs mandated in Iowa Code can still receive funding cuts because it can be said that the program can function if they receive funding from another source. Teresa Bomhoff said that a term used for it is unfunded mandates.

Rick Shults said this legislative session was unique because almost every executive branch was directed to complete unspecified budget cuts. Rick said that DHS will be struggling with this same process when they work on their budget. It is unusual for legislators to give a specific dollar amount to be cut without direction. Teresa Bomhoff asked if IDPH is funded under DHS. Kathy said that they are not funded under DHS but are included in the same appropriations bill.

Rick Shults said that even though IDPH's Autism program is losing that money, the Autism Support Program administered by MHDS is still operating without changes.

George Estle asked how much of IDPH's budget is earmarked. Brenda said that she didn't know the exact amount but it has gone down over the years.

Harry Olmstead expressed concern about prevention programs being cut and the possibility of more problems in the future. Kathy agreed and stated that many programs they considered to be doing good work received funding cuts.

Public Comment

Tammy Nyden said that a way to create political will in the public is to share personal stories and she is willing to interview people for the data stories her class will be sharing to the public.

The meeting was adjourned at approximately 3:10 pm.

Minutes respectfully submitted by Julie Maas